

**LARSON • NEWMAN**

Intellectual Property Law

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**RECEIVED  
CENTRAL FAX CENTER****JAN 31 2007****FACSIMILE COVER SHEET**

DATE: January 31, 2007  
TO: POST ISSUE FAX NO.: 571-273-8300  
FROM: John R. Schell  
Reg. No. 50,776  
RE: **CHANGE OF CORRESPONDENCE ADDRESS**

PATENT NO.: 6,861,219

ISSUE DATE: 03/01/2006

APPLICANT(S): Sahzi Iqbal et al.

ATTY DKT NO.: 1495-0001

TITLE: Preferential Display

NO. OF PAGES (INCL. COVER SHEET): 6

**Attached please find:**

- ☒ PTO/SB/21 Transmittal Form (1 pg.)
- ☒ PTO/SB/123 Change of Correspondence(1 pg.)
- ☒ Copy of executed Declaration and Power of Attorney (3 pgs.)

**CONFIDENTIALITY NOTE**

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
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PTO/SB/21 (09-04)

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Patent Number	6,861,219	<b>RECEIVED CENTRAL FAX CENTER JAN 31 2007</b>
	Issue Date	03/01/2005	
	First Named Inventor	Sahzi Iqbal	
	Art Unit	1637	
	Examiner Name	Christopher M. Babic	
Total Number of Pages in This Submission	5	Attorney Docket Number	1495-0001

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) Replacement Sheets 1, 6 <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Copy of executed Declaration and Power of Attorney</b>
Remarks		
<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP	
Signature		
Printed name	John R. Schell	
Date	1-31-07	Reg. No. 50,776

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:		
Signature		
Typed or printed name	Debra J. Gillooly	Date 1-31-07

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 31 2007

PTO/SB/122 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035  
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**CHANGE OF  
CORRESPONDENCE ADDRESS  
Application**Address to:  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450.

Patent Number	6,861,219
Issue Date	03/01/2005
First Named Inventor	Shahzi Iqbal
Art Unit	1637
Examiner Name	Christopher M. Babic
Attorney Docket Number	1495-0001

Please change the Correspondence Address for the above-identified patent application to:

☐ Customer Number : **34456**

OR

<input type="checkbox"/> Firm or Individual Name	LARSON NEWMAN ABEL POLANSKY & WHITE, LLP				
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This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 50,776
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number \_\_\_\_\_

Typed or Printed Name **John R. Schell**Signature Date **01-31-07**Telephone **(512) 439-7100**

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Attorney Docket: GKI-10

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JAN 31 2007

DECLARATION AND POWER OF ATTORNEY  
FOR PATENT APPLICATION

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am an original, first and joint inventor of the subject matter which is claimed  
and for which a patent is sought on the invention entitled

## PREFERENTIAL DISPLAY

the specification of which (check one)

\_\_\_\_\_ is attached hereto.

☒ was filed on 09/24/2001and assigned Application Serial No. 09/961,089and was amended on HEREWITH  
(if applicable)I hereby state that I have reviewed and understand the contents of the above identified  
specification, including the claims, as amended by any amendments referred to above.I acknowledge the duty to disclose information which is material to the patentability of  
this application in accordance with Title 37, Code of Federal Regulations, §1.56.I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any  
foreign application(s) for patent or inventor's certificate listed below and have also identified  
below any foreign application for patent or inventor's certificate having a filing date before that  
of the application on which priority is claimed:

Prior Foreign Application(s):

Priority Claimed

(Number) (Country) (Day/Month/Year)  
60/234,751 U.S.A. 25/09/2000☒ Yes ☐ NoI hereby claim the benefit under Title 35, United States Code, §120 of any United States  
application(s) listed below and, insofar as the subject matter of each of the claims of this  
application is not disclosed in the prior United States application in the manner provided by the  
first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose  
information material to the patentability of this application as defined in Title 37, Code of  
Federal Regulations, §1.56 which occurred between the filing date of the prior application and the  
national or PCT international filing date of this application:

Attorney Docket: GXI-110

(Application Serial #) (Filing date) (Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

John Schell, Reg No. 50,776

Send correspondence to: Dr. Robert C. Chin, 12909 Stanzel Drive, Austin, Texas 78729 and direct all telephone calls to Dr. Chin at (512) 219-8575.

**FULL NAME OF FIRST INVENTOR:**

Shahzi Iqbal

**INVENTOR'S SIGNATURE:****DATE:****RESIDENCE:**

San Antonio, Texas

**CITIZENSHIP:**

India

**POST OFFICE ADDRESS:**16505 La Cantera Pkwy #835  
San Antonio, TX 78256 USA**FULL NAME OF SECOND INVENTOR:**

Robert Chin

**INVENTOR'S SIGNATURE:****DATE:** 2/28/03**RESIDENCE:**

Austin Texas

**CITIZENSHIP:**

U.S.A.

**POST OFFICE ADDRESS:**12909 Stanzel Drive  
Austin, TX 78729 USA

Attorney Docket: GXI-18

(Application Serial #) (Filing date) (Status)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that willful false statements may jeopardize the validity of the application or any patent issued thereon.

**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

John Schell, Reg. No. 50,776

Send correspondence to: Dr. Robert C. Chin, 12909 Stanzel Drive, Austin, Texas 78729 and direct all telephone calls to Dr. Chin at (512) 219-8575.

FULL NAME OF FIRST INVENTOR:

Shahzi Iqbal

INVENTOR'S SIGNATURE:

*Shahzi Iqbal*

DATE:

02/24/03

RESIDENCE:

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CITIZENSHIP:

India

POST OFFICE ADDRESS:

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San Ramon, CA 94583 USA

FULL NAME OF SECOND INVENTOR:

Robert Chin

INVENTOR'S SIGNATURE:

DATE:

RESIDENCE:

Austin Texas

CITIZENSHIP:

U.S.A.

POST OFFICE ADDRESS:

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Austin, TX 78729 USA